

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification # 2015-1117	
I. Type of Notification (O=Original R=Revised C=Canceled) 34374				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Legislative Office Building				
Address: Empire State Plaza				
City: Albany	State: NY	Zip: 12242		
Contact: John Hulbert	Tel: 518-486-1470			
REMOVAL CONTRACTOR: Martin Enviromental Inc				
Address: 1710 Erir Blvd				
City: Schenectady	State: NY	Zip: 12308		
Contact: Todd Kilburn	Tel: 518-372-8200			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D				
IV. IS ASBESTOS PRESENT? (Yes/No) Yes				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number) Room 711A & 711B				
Bldg. Name: Legislative Office Bilding				
Address: Empire State Plaza				
City: Albany	State: NY	County: 12242		
Site Location: Albany				
Building Size:	# of Floors: 7	Age in Years:		
Present Use: Offices	Prior Use: Offices			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area	1800			Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/2/2014				Complete: 12/16/
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/2/2014				Complete: 12/16/

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Poly, Neg Pressure

XII. WASTE TRANSPORTER #1

Name: Precision Industrial Maintenance

Address: 1710 Erie BLVD

City: Schenectady

State: NY

Zip: 12304

Contact Person: Todd Kilburn

Tel: 518-346-5800

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Ontario County Landfill

Address: 1879 State Route 5&20

City: Stanley

State: NY

Zip: 14561

Tel: 585-526-4420

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: John J Hulbert

Title: Real Property Management & Facilities

Authority: OGS

Date of Order (MM/DD/YY): 11/19/2014

Date Ordered to Begin (MM/DD/YY): 12/02/2014

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

(Signature of Owner/Operator)

(Date)